

DEPARTMENT OF THE ARMY  
US ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT HUACHUCA, ARIZONA 85613-7079

MEDDAC MEMORANDUM  
NO 40-46

18 August 2006

Medical Services  
COMPLETION OF MASTER PROBLEM LIST (MPL) AND  
PUT PREVENTION INTO PRACTICE (PPIP)

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1. History: This issue publishes a revision of this Publication.

2. PURPOSE: To provide MEDDAC staff members with guidance pertaining to required entries on the Master Problem List (MPL) (DA Form 5571) and Put Prevention Into Practice (PPIP) (DD Form 2766), filed in Health Records (HREC's), Electronic Medical Records (EMR), Outpatient Treatment Records (OTR's) and Civilian Employee Medical Records (CEMR's).

3. SCOPE: This memorandum applies to all medical staff that document treatment in Health Records, Outpatient Treatment Records and Civilian Employee Medical Records, to include Partnership and Contract Providers assigned to or working at the R.W. Bliss Army Health Center, Fort Huachuca, Arizona.

4. REFERENCES:

4.1 AR 40-66 Medical Records Administration and Health Care Documentation.

4.2 Joint Commission on Accreditation of Health Care Organizations Manual of Ambulatory Care, current edition.

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\*This memorandum supersedes MEDDAC Reg. 40-46, dtd 5 Aug 98

## 5. RESPONSIBILITIES:

5.1 Deputy Commander for Clinical Services is responsible for the completion of the Master Problem List and Put Prevention into Practice MEDDAC wide.

5.2 Health Care Providers will, for all patients treated, document any and all requirements on the Master Problem List (MPL) and/or Put Prevention Into Practice (PPIP) as listed in this memorandum after the patients third visit. They will monitor the quality and rate of compliance through Medical Records Review Committee (MRRC) activities.

5.3 Chief, Patient Administration Division in coordination with the Noncommissioned Officer-In-Charge (NCOIC), Medical Records Branch supervisor will continuously monitor the quality and rate of compliance of MPL documentation through MRRC, and report those findings through the MRPI Committee to the MEDDAC Performance Improvement Committee.

## 6. PROCEDURES:

### 6.1 MASTER PROBLEM LIST (MPL) (DA Form 2766)

6.1.1 In accordance with AR 40-66, Master Problem List, DA Form 2766 will be initiated for each Health Record (HR), Outpatient Treatment Record (OTR), Electronic Medical Record (EMR) and Civilian Employee Medical Record (CEMR) and used to document a list of a patient's known significant diagnosis, conditions, procedures, drug allergies and medications (See appendix A).

6.1.2 The list will include at least the following:

6.1.2.1 Known significant medical diagnosis and conditions such as hypertension, diabetes, asthma, arthritis, peripheral, vascular disease, angina pectoris, and will be documented on the top block entitled "Major Problems" on the front side of the MPL. Entries will be dated using the columns entitled Date Onset and Date Entered.

6.1.2.2 The health care provider does not consider documentation in block entitled "Temporary (minor) Problems" on the front side of the MPL significant.

**6.1.2.3** Documentation in the lower right hand side of the front side of the MPL entitled Summary of Problems, Allergies or Exceptional Family Members Program (EFMP) is not required.

**6.1.2.4** In the top block of the backside of the MPL entitled "Allergies", providers will document known adverse allergic reactions to drugs/medications.

**6.1.2.5** In the middle block of the backside of the MPL entitled "Continuing Medications", providers will document only chronic ongoing medications presently prescribed to the patient such as anti-hypertensive, asthma or medication for diabetes.

**6.1.2.6** In the bottom block of the backside of the MPL entitled "Surgical or Trauma History"; providers will document known significant surgical procedures such as hernia repair, cholecystectomy, mastectomy, colectomy or coronary artery bypass surgery.

**6.1.3** Providers will update the MPL upon subsequent patient visits with additional significant entries as stated in paragraph 5b above.

**6.1.4** Master Problem List will be located on the left side at the top in all HREC's, OTR's and CEMR's with one exception, Aviation Medicine where the MPL will be located on the left side directly underneath the Aviation Medicine Sheet.

**6.2** PUT PREVENTION INTO PRACTICE (PIIP) (DD Form 2766).

**6.2.1** DD Form 2766 replaces the current Service-Specific Patient Problem List for active duty and non-active duty adult beneficiaries in all Services.

**6.2.2** For the Army, DD Form 2766 replaces DA Form 5571 (Master Problem List) for Active Duty members and Non-Active Duty adult beneficiaries. The DA Form 5571 will continue to be used in the Civilian Employee Medical Record. The DD Form 2766 replaces DA Form 8007 (Individual Medical History) and Standard Form 601 (Health Record-Immunization Record) for Active Duty members only.

**6.2.3** The DD Form 2766 consolidates the information from DA Form 8007 and SF 601, giving providers in the field more information to streamline care and to help assure that all standards of care are met. The form will provide continuity of care in the TRICARE system and during deployment.

**6.2.4** With the initiation of DD Form 2766, and due to the large number of Health Records involved, information from the current DA Form 5571 and DA Form 8007 will not be transcribed onto DD Form 2766. Start using the DA Form 2766 and stop using the DA Form 5571. Writing data in ink is required except in the "ordering exam" section.

**6.2.5** If data are transcribed from the DA Form 5571 or the DA Form 8007, a line will be drawn through the information and the word Transcribed will be written along the line with the date, full name, rank, and Service-Specific specialty code of the transcribing individual.

**6.2.6** The DA Form 5571 and DA Form 8007 will remain with the medical record and be placed behind the current DD Form 2766 and the Health Enrollment Assessment Review (HEAR) Primary Care Managers (PCM) Report (when available). The DD Form 2766 will be located where the DA Form 5571 is currently located.

**6.2.7** Offices initiating the DD Form 2766 will complete all patient identification blocks and will place a "Permanent Medical Document - Return to Medical Records After Deployment" sticker in the lower right corner of the "REMARKS" block.

**6.2.8** If an individual deploys, the DD Form 2766 will be photocopied prior to deployment and the copy will be kept in the medical record. The original DD Form 2766 will accompany the individual to the field. The DD Form 2766 will serve as the treatment folder while the individual is deployed; other forms such as SF 600 will be filed on the fastener inside the DD Form 2766.

**6.2.9** The photocopy of the DD Form 2766 will be removed and shredded when the original is placed back into the record. Forms that had been filed inside the DD Form 2766 folder will be removed and filed in the regular treatment folder according to AR 40-66.

## 7. Electronic Documentation

### 7.1 AHLTA

**7.1.1** All information currently recorded on the Hardcopy Master Problem List will be transferred to AHLTA on the patient's first visit where AHLTA is used to document care.

**7.1.2** The Master Problem List in AHLTA will be considered the "official" document. As such, all new entries to the Master Problem List will be recorded in AHLTA.

The proponent of this publication is Patient Administration Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Patient Administration Division, USAMEDDAC, ATTN: MCXJ-PA, Fort Huachuca, Arizona 85613-7079.

FOR THE COMMANDER:

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DISTRIBUTION: C

APPENDIX A  
Sample Master Problem List

MEDDAC MEMO 40-46			5 March 2001		
MASTER PROBLEM LIST					
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General					
MAJOR PROBLEMS					
PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED	
1.			HEALTH MAINTENANCE - APPENDIX A		
2.					
3.			INSTRUCTIONAL SAMPLE OF RECOMMENDED DOCUMENTATION OF THIS FORM		
4.					
5.	IN THIS BLOCK				
6.	HEALTH CARE PROVIDERS WILL DOCUMENT KNOWN SIGNIFICANT MEDICAL DIAGNOSIS/				
7.	CONDITIONS AND DATE OF ONSET, DATE OF ENTRY AND DATE RESOLVED				
8.	All checks will have the DOB and Item (Health Care Maintenance) as per JFL				
9.	EXAMPLES:				
10.	AUG 90	SEP 90	DIABETES MELLITUS		
11.	APR 91	MAY 92	FREQUENT MIGRAINES		
12.			RAO (Reactive Airway Disease)		
TEMPORARY (MINOR) PROBLEMS					
PROBLEM LETTER	PROBLEM			DATES OF OCCURRENCES	
A.	PROVIDERS ARE NOT REQUIRED TO DOCUMENT IN THIS				
B.	SPACE Reserve Temporary problems				
C.	Om				
D.	w/fe1				
E.	Pharyngitis				
F.					
G.					
H.					
PATIENT'S IDENTIFICATION (Use mechanical imprint if available; for typed or written entries give: Name, SSN, Unit, Sex, Birthdate, and Duty Phone)			SUMMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES AND TRAUMAS:		
<p style="text-align: center;">JONES, MARY H. 3W USA RET 30/123-45-6789 PH 458-XXXX</p> <p>(All records must have a stamper plate imprint in the block)</p>			<p style="text-align: center;">CFMP</p> <p style="text-align: center;">PROVIDERS ARE NOT REQUIRED TO DOCUMENT IN THIS SPACE</p>		
NOTE: DO NOT DISCARD FROM CHART					

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5 March 2001		ALLERGIES		MEDDAC MEMO 40-46	
MEDICATION	REACTION	MEDICATION	REACTION		
PROVIDERS WILL DOCUMENT KNOWN ADVERSE ALLERGIC REACTIONS					
TO DRUGS AND MEDICATIONS					
EXAMPLE:					
PENICILLIN	ANAPHYLAXIS	IODINE	SEVERE HYPOXIA		
CONTINUING MEDICATIONS					
PROBLEM NUMBER	DATE STARTED	MEDICATION	STOP	DATE STOPPED	
PROVIDERS WILL DOCUMENT CHRONIC ONGOING MEDICATIONS					
PRESENTLY PRESCRIBED FOR THE PATIENT					
1	JUL 90	RITALIN 10 Mg		JUL 92	
2	AUG 90	INSULIN			
3	SEP 91	TACAMET			
SURGICAL OR TRAUMA HISTORY					
OPERATION OR TRAUMA	YEAR	OPERATION OR TRAUMA	YEAR		
PROVIDERS WILL DOCUMENT SIGNIFICANT SURGICAL PROCEDURES					
EXAMPLE:					
TRIPLE BYPASS SURG	JUN 86				
LAMINECTOMY OF T-11 & T-12	JAN 89				
FRONTAL LOBOTOMY	FEB 93				